

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010951

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1389

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAR 26 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City				Length of stay in 1b 35 Yrs		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Luke's Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 110 E. 40th Street	
3. NAME OF DECEASED (Type or print) First Percy Middle J. Last Ford				4. DATE OF DEATH Month March Day 8 Year 1962			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-15-1888	
9. AGE (last birthday) 73 Yrs		IF UNDER 1 YEAR Months 73 Days Yrs		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Packard Motor		11. BIRTHPLACE (City and state or country) Chicago, Illinois	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Percy Ford				13b. MOTHER'S MAIDEN NAME Amanda Mundt		14. NAME OF HUSBAND OR WIFE Julia Ford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address Julia Ford 110 E. 40th E. 40th Street	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bacterial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Spontaneous Pneumothorax DUE TO (c) Pulmonary Obstructive Emphysema PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 4:15 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 26 February 62 to 8 March 62 and last saw her/him alive on 7 March 62 Death occurred at 4:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L. Byers (Degree or title)				22b. ADDRESS 4320 W. 11th St. K.C. 11 Mo		22c. DATE SIGNED 3/8/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 3-10-62		23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer Sons		23d. LOCATION (City, town, or county) Kansas City, Missouri	
24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri				25. DATE RECD. BY LOCAL REG. 3-9-62		26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

RECEIVED

Dr. Eugene
~~1000 1st St.~~
JE 1-5663
after 11:00 AM
4320 Alameda Rd.
Suite 212
Olga Medical Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648
P. O. Address Lawrence City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.